

**DEFINITIONS**

As used throughout this contract, the following terms have the meanings set forth below:

**a. Automated Data Processing and Reporting Manual:** The TRICARE Manual which provides ADP instructions and requirements for managed care support contractors who use the Health Care Service Records (HCSRs) system for reporting data to TRICARE Management Activity.

**b. Desk Instructions:** Detailed procedures and action requirements which are peculiar to a specific work station or set of work stations which perform the same basic function. They should be designed and so adequately detailed that a reasonable qualified person could follow the procedures and instructions and accomplish the work at the station.

**c. Diagnosis Related Groups (DRGs):** A method of dividing hospital patients into clinically coherent groups based on their consumption of resources. Patients are assigned to the groups based on their principal diagnosis (the reason for admission determined after study), secondary diagnoses, procedures performed, and the patient's age, sex and discharge status. A reimbursement system using DRG simply assigns payment levels to each DRG based on the average cost of treating all patients in an given DRG.

**d. Health Care Service Record (HCSR):** A data set of information required to be reported for all care received/delivered under the contract with TRICARE Management Activity. The data must be provided by the managed care support contractor in a Government-Specified format and submitted to TRICARE Management Activity via a telecommunication network. One or more HCSRs must be created for each claim. The information in the data set can be described in the following broad categories:

- (1) Beneficiary Identification (including service affiliation)
- (2) Provider Identification (including type/specialty)
- (3) Health Information
- (4) Place and Type of Service
- (5) Diagnosis and Treatment-Related Data
- (6) Units of Service (admissions, days, visits, etc.)

**e. HCSR Audit System:** A system which collects and maintains audit claim and error data on the HCSR Audit databases. The system provides for automated collection of errors through on-line entry of payment and coding errors by auditors to the claim audit database. Additional automated functions of the system include: on line access to procedure and diagnosis codes, zip code tables, provider and pricing information and production of audit and rebuttal reports.

**f. HCSR Audit Detail Report (HADR):** A facsimile of the payment records and processing actions reported by the managed care support contractor to TRICARE Management Activity for those claims selected for audit.

**g. Managed Care Support Contractor:** An organization with which TRICARE Management Activity has entered into a contract for: delivery of health care services through contracted providers; for

processing claims for health care received from network and non-network providers; and for performance of related support activities.

**h. Occurrence Error:** An incorrect entry on the HCSR or TED by the MCS, MCSS, or TDEFIC contractor.

**i. Payment Error:** An incorrect amount of under/over payment on a claim by the MCS, MCSS, or TDEFIC contractor.

**j. Privacy Act:** Title 5, United States Code, Section 552.a. The Act is intended to preserve the personal privacy of individuals permitting an individual to know what records pertaining to him or her are collected, maintained, used for disseminated in the Department of Defense (DoD). The Act also allows individuals access to, and have a copy made of all or any portion of such records, and to correct or amend such records. DoD activities shall collect, maintain, use or disseminate any record of an identifiable personal nature in a manner that assures that such action is necessary and lawful; that any information is collected is accurate, relevant, timely and as complete as is reasonable possible and necessary to assure fairness to the individual, and that adequate safeguards are provided to prevent misuse or unauthorized release of such information.

**k. Start-Work Date:** The date on which audit services begin.

**l. Technical Adequacy:** To meet the minimum requirements described in Section C.

**m. TRICARE Encounter Data (TED):** A data set of information required to be reported for all care received/delivered under the contract with TRICARE Management Activity. The data must be provided by the Managed Care Support Services or TDEFIC contractor in a Government-specified format and submitted to TRICARE Management Activity via a telecommunication network. The information in the data set can be described in the following broad categories:

- (1) Beneficiary Identification (including service affiliation)
- (2) Provider Identification (including type/specialty)
- (3) Health Information
- (4) Place and Type of Service
- (5) Diagnosis and Treatment-Related Data
- (6) Units of Service (admissions, days, visits, etc.)

**n. TED Audit Detail Report (TADR):** A facsimile of the payment records and processing actions reported by the MCSS and TDEFIC contractors to TRICARE Management Activity for those claims selected for audit.

**o. TED Audit System:** A system which collects and maintains audit claim and error data on the TED Audit databases. The system provides for automated collection of errors through on-line entry of payment and coding errors by auditors to the claim audit database.

**p. TRICARE Operations Manual:** The manual which provides the instructions and requirements for claims processing and health care delivery.

**q. TRICARE Policy Manual:** The TRICARE manual which services as the source of interpretation and instruction to TRICARE staff and

contractors with respect to benefit, eligibility, provider certification, and administrative policies.

**r. Workday:** A day on which full-time work is performed, as distinguished from a weekend day or legal holiday. Entire days lost due to weather problems or other "acts of God" are not considered workdays.